CHICAGO
MEDICAL JOURNAL.

VOL. XXI.] MAY, 1864. [No. 5.

ORIGINAL COMMUNICATIONS.

ALPHABET OF AUSCULTATION.

By TOM. O. EDWARDS, of Lancaster, Ohio.

The following short alphabet of auscultation has afforded me much advantage in studying diseases of the chest, and is I think, of sufficient interest to young beginners for publication.

Two dry sounds—Rhonchus and Sibilus.

Two moist sounds—Small and Large Crepitation.

Three vocal sounds—Bronchophany, Œgophany, and Pectoriloquy.

Rhonchus, or Snoring, found in large Bronchia, is produced by intumiscence or œdema of the mucous membranes of bronchii, on which phlegm impinges—found at the bifurcation of the bronchii. This sound indicates Bronchitis and is illustrated by the effused condition of the conjunctiva in conjunctivitis.

Sibilus, Wheezing, Whistling, or Cooing, is found in small Bronchia, and is as piccoli to bassoon—air drawn through the semi-closed, wet lips indicates this, while snoring illustrates Rhonchus.

Small Crepitation invariably attends pneumonia, and is the

result of air passing through inflamed air-cells, clogged with sero sanguinolent secretions—rubbing the hair between the fingers illustrates the sound—also found in emplyrema and in a lung wounded from fractured ribs.

Large Crepitation, is like the breaking of large soap-bubbles, is found behind in lower lobes, in advanced bronchitis, and in third stage of pneumonia, and in emphysema, with œdema pulmonum.

Bronchophany, is increased resonance of voice, is produced by solidification of lungs, acting as a better conductor of sound than a healthy or vesicular portion. If from pneumonia, behind in lower lobes, if from tubercles, under clavicle.

Œgophany, or bleating of a goat, results from a small portion of affused lymph between the surfaces of the costal and pulmonary pleura, and is evidence of pleurisy—bad symptom in early pleurisy, good in advanced stage, showing effusion is being absorbed—found in lower lobes, behind the seat of pleurisy.

Pectoriloquy, the effect of the intonation of the voice passing up the stethoscope, as if it came directly from the chest. It is an unequivocal evidence of a cavity—generally in upper lobes, under the clavicle. It is simulated by placing the instrument on the wings of the thyroid cartilage and making the patient talk. These are the alphabet of auscultation, and however, imperfect, will greatly aid the beginner whose mind is apt to be filled with many indefinate phrases.

AMERICAN MEDICAL ASSOCIATION.

The 15th Annual Meeting of the "American Medical Association" will be held in the City of New York, commencing on Tuesday, June 7th, 1864, at 10 o'clock A. M.

GUIDO FURMAN, M. D., Secretary.

New York, March, 1864.

CLINICAL LECTURES ON DISEASES OF THE EYE.

By E. L. HOLMES, M. D., of Chicago,

Lecturer on Diseases of the Eye and Ear in Rush Medical College, and Surgeon of the Chicago Charitable Eye and Ear Infirmary.

THE CORNEA—ACUTE INFLAMMATION.

GENTLEMEN:—You have seen many cases of inflammation of the cornea, accompanying or following diseases of other tissues of the eye, especially of the conjunctiva. In a large proportion of cases this inflammation—technically called Corneitis or Keratitis—is a secondary disease. It is occasionally, however, idiopathic, and suddenly attacks the cornea of a patient, apparently in good health, in the same way that inflammation, after an exposure to changes of temperature, may attack the lungs or pleura.

Acute Keratitis, to which I wish to call your attention today, is far less common than the chronic form of inflammation induced by a scrofulous diathesis. By acute inflammation of the cornea I mean that form of disease which more or less suddenly attacks the whole or a part of the cornea, and terminates within a period of less than four weeks, in recovery or destruction of the parts affected, or becomes chronic. The precise limits between the acute and chronic stages of a disease are not always easily defined, and the division of diseases of the cornea into chronic and acute is perhaps not very practical, and yet, by this division, I think I can best assist you in understanding what you will hereafter read on the subject in larger works.

Acute Keratitis presents the following symptoms, each more or less marked in different cases. There is an opacity of greater or less extent, produced as I have already described in a previous lecture, by a peculiar change in the cells of the cornea. This form of opacity must not be confounded with the opaque cicatrices of former ulcers, which will hereafter be described.

If the disease progresses, the opacity usually becomes either an ulcer or on abscess. I have already informed you how an abscess may become an ulcer. There is pain, which is usually neuralgic in character, not only in the eye but around it; there is often a sensation similar to that produced by a particle of sand under the lids; one of the most constant symptoms is photophobia, with an involuntary tendency to keep the lids closed. The vessels of the conjunctiva and sub-conjunctival tissues are very often congested.

The chief causes of acute corneitis are mechanical injuries, and exposure to changes of temperature. The presence of a scrofulous diathesis, however slight, is a predisposing cause. The pain is sometimes so severe, and the intolerance of light so great, that it is impossible, especially with children, to gain a satisfactory view of the cornea, without the assistance of chloroform. With this agent a careful and thorough examination can be made

In speaking of the treatment of acute corneitis, I shall only call your attention to a few of the leading principles in the therapeutics of three distinct classes of the disease. 1st. Simple inflammation, which does not tend *speedily* to form either ulcers or abscesses. 2d. Ulcerative inflammation. 3d. Purulent inflammation—abscess. Although cases often present so many complications that it is difficult to classify them, still, if you constantly retain in mind a distinct idea of these three groups, you will have little difficulty in comprehending all cases you may meet.

According to my experience, inflammation of the cornea, except in patients of a bad diathesis, is amenable to treatment, although the effects of the disease, in the form of cicatrices, often remain for life.

In the first class of cases, which, possibly with more exactness, may be styled subacute, the patient will complain of more or less indistinctness of vision, with slight photophobia, as shown by the tendency to close the lids in strong lights. An examination will disclose a haziness of the cornea varying

in different cases in extent and depth. This marks the limits of the inflammatory process in the cells of the cornea. Sometimes the inflammation subsides, leaving no trace behind. Or it may continue a long time without the formation of ulcers or purulent deposits, and in the form of simple opacity become chronic. In other cases the destruction of tissue either by ulcer or abscess follows at an early period.

In treating these cases it is all important to remove the cause. Unfortunately it is sometimes difficult to discover the ætology since not only individuals are attacked who have received injuries of the cornea, who have suffered from changes of temperature, and who are evidently of an unhealthy diathesis, but also those in whom no such causes can be found. Two of the most abstinate cases of this form of corneitis, I ever observed, were in patients apparently in perfect health.

Everything irritating to the eyes must be avoided. As certain diatheses are strong predisposing causes of corneal affections, it is necessary to correct them by suitable remedies. Nutritious diet, sufficient exercise and pure air are indispensable. In very many cases cod-liver oil, with small doses of iodide of potash, are indicated. Constipation should be overcome and yet care is required in the use of cathartics. Very small doses of calomel or hyd. bichlo. are sometimes beneficial. In many instances nothing is required locally. Usually however, a slightly stimulating collyrium will hasten the absorption of the products of inflammation. For this purpose a solution of arg. nit., gr. i—iv to ℥i applied once or twice daily, is suitable. This treatment is usually sufficient in simple cases.

But sometimes from the onset all the symptoms are very violent. The opacity of the cornea becomes rapidly more and more dense, the pain in and around the eye becomes so severe as to prevent sleep, the conjunctiva is congested, and the secretion of tears much increased. It will be observed that the opaque portion of the cornea soon begins to slough. The tissue has lost its vitality and in some respects resembles the

slough produced by a moxa. A line of demarkation is formed, the slough, composed of disorganized cells, shreds of intercellular tissue and pus cells, is slowly cast off, leaving an ulcer, which may progress, perforating the cornea, causing a prolapse of the iris, or heal, leaving an opaque cicatrix.

The treatment in this second class of cases must also be directed, as above mentioned, to the general health. The patient should be confined to a room of moderate temperature, and sufficiently shaded. The excruciating pain should be relieved by suitable doses of morphine, and by the local application of atropine as prescribed in a previous lecture. This acts not only as a local anodyne, but also, I believe, as a curative agent in subduing inflammation. If the sensation of heat is a marked symptom the *constant* application of cold compresses is advisable; otherwise I think frequent tepid bathings are preferable. The application of ung. hyd. with ext. belladonna or atropia, is apparently sometimes beneficial. I have often in the West found quinine so beneficial, even where malaria symptoms were not well-defined, that I feel disposed to prescribe it in nearly all these cases. Other Oculists have also found it efficacious. As the symptoms improve, mild astringent collyria are beneficial.

In the third class of cases, those in which the inflammation is confined to the deeper layers of the cornea, tending to produce collections of pus, either in the form of abscess or of onyx, the treatment must be conducted upon the same general principles as in the cases just mentioned. It is remarkable how rapidly the pus of an abscess or onyx may be absorbed spontaneously. As I have already told you, an abscess may sometimes discharge its pus into the anterior chamber and there be absorbed. I advise you to study the application of paracentesis of the cornea. This little operation is performed not only to afford an exit for the pus but also to discharge the aqueous humor, which reduces the pressure upon the cornea, and allays inflammation.

A guarded prognosis should be given in all cases of acute

corneitis since vision is often permanently obstructed by opaque cicatrices of the cornea, even where there has been no extensive destruction of tissue.

A CASE OF PERFORATION OF THE INTESTINE.

By W. D. SLAYTER, M. D., of Chicago.

Graduate Royal College of Physicians of England, Royal College of Surgeons of London and Dublin. Late House-Surgeon of Westminster Hospital, London.

The following case, I think, will be of some interest to the profession, as showing, first, how very slight the symptoms, in some cases of abdominal injury, are in comparison to the extent of the injury received; second, how guarded the surgeon ought always to be in making his diagnosis and prognosis in such cases. In this case almost the only symptom present which pointed to some very extensive injury was, the state of the pulse—it ranging from 100 to 140 beats in the minute.

At first, probably, there was merely contusion of the intestine, but subsequently ulceration and perforation took place, which caused death on the ninth day from the receipt of the injury. Without any further remarks, I will give a brief outline of the case; and it will be seen that it was impossible to form any positive diagnosis from the symptoms present.

Dudley Wells, æt. 36, admitted into the accident ward of the Westminster Hospital June 18th, 1861. His friends stated that when returning from the Volunteer Rifle Review in Hyde Park, and while crossing Westminster Bridge, his horse took fright, reared, and fell backwards, the rider being under the animal, and the pommel of the saddle striking him in the abdomen. He was immediately carried to the Hospital, and with the assistance of a friend walked from the Surgery to the Ward, a distance of fifteen or twenty yards. When I saw him on admission I found him suffering from some mental excite-

ment, perspiring freely, skin very hot, pulse quick; but there was no pain or prostration present. On attempting to pass urine, he found that he was unable to do so; a catheter was passed and nearly a pint of clear urine drawn off, showing, that although the abdominal muscles had been paralyzed by the shock, still the bladder itself had not been ruptured.

On further examination there was found an extensive bruise of the lower part of the abdomen, extending from one iliac process to the other, attended with considerable pain on pressure. He was ordered to take ʒj of the liq. opii sed., and to have hot flannels sprinkled with tinct. opii applied to the part. This treatment relieved him very much, and he slept well for some hours, but as he was unable to void his urine, a catheter was passed twice a day.

For two days he progressed favorably, but on the morning of the third he woke up complaining of violent twisting pain in the right side, accompanied by great tenderness—pulse 135, and small. A 5 gr. pil. sapon. com. was administered, which relieved him very much. For five days he was kept constantly under the influence of opium, but the pulse continued to range from 130 to 140, and very small and thready.

On the ninth day he complained of excruciating pain in the same situation; another dose of opium relieved him, but about six, P. M., on turning in bed very suddenly, he felt something give way internally, immediately alarming symptoms of prostration came on, and four hours afterwards he was dead.

Throughout the whole time he took beef tea, brandy and egg, etc., but the bowels were not once moved, nor did they seem at all inclined to act, and as it was evident some serious injury had been done to the intestine, it was deemed imprudent to attempt to disturb them.

A post-mortem examination was made twenty-four hours after death, when a hole about the size of a silver quarter of a dollar, with clean cut edges, was found in the jejunum, one foot from the duodenum; lymph had been thrown out around the ulcer, causing that part to adhere to the other intestines.

All the other viscera were healthy; the inflammation seemed to be confined to the immediate neighborhood of the sore. The sudden turning in bed on the 9th day, I presume, tore apart the adhesions and this caused death from prostration.

DIPHTHERIA, AND ITS TREATMENT.

By F. R. MAILLARD, M. D., of Beetown, Wis.

Messrs. Editors:—A non-professional reader of almanacs and medical journals would imagine that nothing new could be written on the subject of Diphtheria. As proof that such is not the case, see a letter from C. D. Meigs, in the *American Journal of the Medical Sciences* for Jan., 1864, from which we of the West have gained some new light. Professional courtesy requires us to believe that Dr. Meigs describes Diphtheria as *he sees* it, and gives the treatment *he* has found most successful. If so, Diphtheria in Philadelphia, and Diphtheria in Wisconsin differ widely in symptoms, and in each locality demands an entirely different treatment. I propose to note a few of the symptoms as I have *felt* them, and as I have observed them for the last four years, and then give the treatment I have found the most successful. Of its origin and cause I shall say nothing, and but little of its nature.

Diphtheria, or Diphtheritic Fever, naturally divides itself into three stages, first, an intermittent; second, a continued; third, a typhoid stage. In the first stage, Diphtheria is as certainly a periodic disease as is miasmatic intermittent. The premonitory symptoms are those which belong to fever generally. The fever usually commences, and is always highest, near midnight, and there is generally a slighter exacerbation about noon. The febrile action may be slight, and hardly noticed, or severe, causing delirium. Sometimes there are three or four exacerbations before the patient will confess to any soreness of the throat, but then they are always slight. If the

patient is capable of answering you understandingly, he will, almost always, refer his most acute pain to the articulation of the atlas with the cranium. In this stage, be the fever slight or severe, it is *sthenic*. It is said that, "in some cases it assumes the typhoid grade from the first." This is possibly so, but in my experience, which now extends to between two and two hundred cases, I am not absolutely certain that a single case *commenced* with that grade, though many cases when first seen, were decidedly *asthenic*.

In the second, or continued stage, the fever is more or less remittent, and may be decidedly sthenic, and is always accompanied by soreness of the throat, swelling of the glands about the angle of the jaw, and the peculiar exudation or deposit on the fauces.

The third, or typhoid stage, has been so well and often described that it is useless to try to better it. The peculiar exudation on the fauces is not more characteristic of Diphtheria, than is the condition of the secretory organs generally. The urine is decreased in amount, and often albuminous. The bile is always vitiated, and the liver generally sluggish, and occasionally in the later stage enlarged, as I have verified by post-mortem observation. That it is not a local disease is proven by the fact that general, always precedes the local symptoms.

Let us, now, lay aside all ideas of a relationship between Diphtheria and Scarlatina, or Rubeola, and see what we are to do for a case of this disease. The first question is, can we arrest it, or will it run a certain course, and then terminate of itself? There is no doubt that some patients will recover without any treatment, and even in spite of bad treatment. But it is equally true, that some will die, treat them as you will. If we assume that the patient cannot be cured, then our only course is to sustain him, and watch the fight. In what I have denominated the first and second stages, it may, in the vast majority of cases be arrested, and that almost as suddenly and as certainly, as intermittent from miasmatic causes. The first case of Diphtheria that I ever treated, or ever saw, oc-

curred in myself. Here was a splendid chance to experiment, and I used it. I was satisfied that I required a powerful alterative. Authorities said "they must not be used. The disease is asthenic. The treatment is, *caustics* and *stimulants* locally; *stimulants* and *tonics* internally." Well, I run the gauntlet of caustics, from burnt alum to caustic potash, and of local stimulants, from sol. of chlor. potassa to a strong sol. of nit. arg. Internally, pot. chlor. quinine, tinct. ferri chlor. and whiskey punch, with an occasional opiate to procure rest. In spite of it all the disease extended to the posterior nares, and I became convinced that something must be done.

I therefore, threw aside everything *but the punch*, and as I was too weak (as I thought) to stand a course of mercury, ordered a sol. of iodide potassa, ʒj of the salt to a fl ℥j of water. Of this I took ʒj every four hours, using the same as a gargle, and injecting it into the nares. At night took gr. viij of dover's powder, and slept for a few hours, when I was awakened struggling for breath. I seized a pair of curved forceps and literally tore a passage for breath. This I repeated two or three times a day for some days, using nothing but the whiskey punch, iodide potassa and opium. Convalescence was slow, and the Schneiderian membrane has never *fully* recovered.

This experience effectually *cured* me from withholding alteratives when indicated. In the first stage the object should be to prevent its passing to the second. This we shall accomplish by overcoming the torpidity of the secretory system, and exciting the excretory to an equal degree, while at the same time we endeavor to give tone to the system of organic life. If the attack is severe, nature often gives us a hint as to the first step to be taken. She produces emesis. If she has not done this, and the patient is of good constitution, I give a full dose of ipecac, and as soon as convenient, follow by sub. mur. hg. gr. v. An hour after give a pill composed of sub. mur. hg., gr. j; ext. belladonna, gr. ⅛; and repeat every hour till it operates freely as a cathartic, or the specific effects of the

belladonna are induced, when they are discontinued, and sulp. quinine given, in doses sufficiently large and often, to induce its specific effect, before the time for the next exacerbation of the fever. Patients usually want something done locally, and of all the caustics, washes, and gargles that I have used, none has satisfied me as well as a gargle of equal parts of water and tinct. guiac, used several times a day. If this does not check the advances of the deposit, the same course is pursued the next day, only omitting the emetic, when in the vast majority of cases the patient is dismissed.

The second stage does not last long, hence, what you do, must be done quickly. The indications are not materially different. The same treatment, (omitting the emetic,) is very often all that is required to check the fever, and arrest the deposit on the fauces. I seldom repeat the mercurial the third time, but if anything more is needed give quinine in solution with tinct. ferri chlor. If there is much excitement of the nervous system give tinct. belladonna in sol. of pot. chlorat., always insisting on the patient taking sufficient nourishment.

In the third stage, if the mercurial is given it must be with caution, and the powers of life sustained by every means at our command.

This is an outline of the treatment I have found most generally successful. But no general rules will apply to each particular case, hence the intelligent physician will always, from the general, deduce the particular rules, applicable to each individual case. If the physician will bear in mind that he has to deal with a disease, essentially periodic in its nature, he will hardly err in giving the quinine. The amount of the belladonna sometimes has to be varied several times in the same case, and occasionally cannot be borne at all. The same is true of the mercurial. If it increases the nervous sensibility, or excites the pulse, discontinue it immediately. Since it has become so decidedly fashionable to mention *calomel* only to curse it, you will perhaps allow me to aver that when the object is to influence the secretory functions with promptness

and certainty, the Materia Medica has as yet, furnished me nothing equal to the mercurials. The reason why I prefer belladonna to any other narcotic, is that it will as generally quiet the nervous symptoms, as any of them, and it acts upon the whole excretory system, while it in a great degree counteracts the tendency of the mercurials to produce salivation. Though this is not a local disease, local treatment is not unimportant, for it is the absorption of vitiated secretion from the diseased surface, that causes the typhoid symptoms of its later stage. When no local treatment is used, we occasionally see the fever abate, and the false membrane nearly all thrown off, but a few patches remain and so does the peculiar sickening odor of the breath. As long as this remains, the patient is not free from danger. When in this stationary condition the guaiac gargle will, often in a few hours, clear the throat, and the odor at the same time disappears.

Another advantage it has seemed to me to possess, viz., preventing that most troublesome sequela, paralysis of the parts concerned in deglutition and speech. Under every other local application that I have used, paralysis, more or less complete, has occasionally occurred but never when the guaiac has been faithfully employed.

If what I have written should induce even a few of the readers of the *Journal* to *observe* Diphtheria for *themselves*, (and publish their observations, too,) regardless of the almost interminable mass of dogmatism which has been promulgated by American as well as European writers, I shall have accomplished all that I wished, and this truly fearful disease will not prove as fatal in their practice as it has in the country generally, for the past few years.

A CASE FOR ARGUMENT.

By M. M. EATON, Peoria, Ill.

October 30th, 1863, I was called to attend Mrs. R., a German lady, residing near this city. Having been previously consulted I knew that she was about to be confined, and I at once, in some haste, drove to her residence, being more prompt than usual on account of having been called some two years since to perform the operation of turning and delivering her —she having been under the care of Dr. ——, of this city, for about twenty hours before I was called. She had never had a living child though thrice pregnant.

As it happened, however, there was no need of haste, for I found the os uteri only slightly dilated. She was in a good condition every way so far as I could learn, and I left the case to nature. The pains increased, and after three hours, judge of my surprise, (after having examined her several times without detecting anything abnormal,) to feel what seemed to be a fœtus partly projecting through the os. I made slight traction and the mass slipped through, and truly it was a fœtus of about two months' development. The pains now ceased for an hour, when they came on and, in about three hours, she was delivered of a full-grown child, weighing eight pounds. The child gasped, but all efforts to establish respiration were fruitless. I took the fœtus home and placed it in alcohol, with my collections, it being to me a case of interest.

P. S.—Was she fecundated at two different times, or only once; the fœtus from some cause, being arrested in its development? The latter is my view. M. M. E.

The question of our correspondent was one of interest, the solution of which was surrounded with difficulties, while the Decidua was considered a new formation, completely closing

the openings into the uterus. But by the demonstration that the decidua is the hypertrophied mucous lining of the uterus, the idea of the physical barrier to superfœtation has been removed. Numerous accidental causes may arrest or limit the nutrition of the fœtus in utero. And either of these circumstances will account for cases like that reported in the above communication, equally well.—[*Editors Journal.*]

INFLAMMATION OF THE MUCOUS SURFACE OF THE FAUCES.

By G. D. WINCH, Asst. Surg. 36th Reg. Wis. Vols.

Camp Randall, Madison, Wis.

For the last four weeks we have been overrun with sore throat. It occurs in those who have been exposed, by being on guard or standing on inspection without overcoats. The symptoms are, a feeling of dryness in the throat, little tenderness by external pressure, difficulty of swallowing, constant coughing, no acceleration of the pulse except in severe cases, no loss of appetite, but the pain in the parts is continued and severe.

Now in treatment of these cases, I have watched carefully, the effects of remedies. Sulph. Zinc, acetas plumbi, chlorate potassa, and capsicum have no effect in curing the disease. Such cases will recover as soon without treatment as with the above remedies. There is an irritability that keeps up the inflammation that they do not blunt. But let the saturated solution of argenti nitratis (forty grains to the ounce,) be applied, and after two applications the irritability is reduced, inflammation subsides, and the parts soon become normal.

With the above treatment, use measures to not have the patient's throat exposed to the cold air.

SELECTED.

ON THE TREATMENT OF RHEUMATIC FEVER.

By WILLOUGHBY F. WADE, M. D., M. R., C. P
Senior Physician to the Queen's Hospital, Birmingham.

[*Concluded.*]

So great is the constitutional irritation, that rheumatic fever has been treated exclusively by opium, and this in large quantities, for the disorder establishes an extraordinary tolerance of the drug. Dr. Corrigan, of Dublin, is the present supporter of the plan. I have myself given it a very fair trial, but I cannot acquiesce in his faith in its efficiency. It is true that it tranquilizes and solaces the sufferer, and in many cases rest and diluents may during this time effect a cure; but on the other hand, I have seen patients lying for days semi-narcotized, the rheumatic fever itself undiminished. It may, nevertheless, be well-conjoined with other more efficacious methods, when the patient is unusually irritable, restless, or incapable of enduring pain, whilst these are working a cure. At the same time I rarely find it necessary to use it; and, as a rule, it is desirable to simplify, and not to complicate, treatment or multiply drugs, else it becomes difficult to distinguish their effects.

The treatment so far indicated does but pave the way for that which is to exercise a speedy and unerring influence upon the course and duration of the disorder. As soon as the patient has taken the powder above directed, he is to commence the use of the following:—Nitrate of potash, ℥j; acetate of potash, ℥iij; water, ℥viij; ℥j for a dose. This is to be repeated every two, three, or four hours, according to the urgency of the symptoms. At the same time the patient is to be kept upon slops, and supplied with copious libations of barley, toast, or plain water, thin gruel, weak broths, and so on.

The result of this treatment is, that the urine is increased in quantity and becomes less acid, the nervous irritation is soothed, the heart's action quieted, the arthritic effusion dimin-

ished, the pains are allayed; and all this in from twenty-four to seventy-two hours. The patient is often so much relieved by the first night, that he is pleased and comforted by the improvement, and is content without any anodyne, lying quiet and composed, though very likely unable to obtain much or at all events uninterrupted sleep.

Other saline remedies will, I believe, produce similar effects. Thus, Dr. Todd, recommends bicarbonate and nitrate of potash; Dr. Weber, bicarbonate of soda; Dr. Garrod, bicarbonate of potash; Dr. Fuller, a mixture of several salts. Lemon juice alone is employed by Dr. Owen Rees, who believes that its oxygen is directed to those tissues, the *im*perfect oxydation of which develops the rheumatic poison. Be that what it may lemon juice is often efficacious; but my experience of it coincides with that of those who have found it uncertain, and therefore unreliable. I have been so satisfied with the results obtained from the use of the nitrate and acetate of potash since I first employed them, that I have rarely tried any similar drug. The only objection to this mixture is that it sometimes gripes, an unpleasantness which may always be corrected by increasing the quantity of water in which it is administered, or adding to it a little compound tincture of cardamoms. The remarks above made regarding lemon-juice apply also to colchicum, which has the further disadvantage of being oftentimes violent and distressing in its action.

It is quite true that steady persistence in the use of whichever we may select of these salines will be followed in from twenty-four to seventy two hours by a very considerable alleviation of the symptoms, both local and general; and further that this amelioration will sometimes progress till a perfect cure ensues. But it is a peculiarity of rheumatic which does not pertain to most other idiopathic fevers, that there is constant tendency to relapse, and this relapse occurs either before the cure is apparently complete, or even after that period. A rheumatic fever of six weeks' duration is not one and indivisible like a typhoid or typhus fever, but rather a succession of rheumatic fevers linked together by periods of partial recovery—i. e., it is a series of relapses; if not of relapses, of migrations, one joint getting well while another becomes inflamed. This *erratic* character of rheumatism is most prone to manifest itself in persons who are anæmiated or debilitated from any cause. It may be that it simply wanders from joint to joint, one not getting well till another is invaded; or it may happen that all the joints get well for a period; or again it

may happen that all the joints get partially well for a period, and then occurs a relapse. Again, it may happen that whereas for a day or two the patient makes a steady progress towards recovery, yet after that time the disorder comes to a halt. The remedies which for a time seemed to be acting so well, cease to exert any influence. This, I say, will occur under any of the methods which may be classed together under Dr. Todd's group of "eliminative plans."

To show the frequency of these relapses, I quote from several recent authors who have recorded cases for various purposes but none of them avowedly with the intention of exemplifying this particular point. Of 10 cases related by Dr. Bennett ("Principles and Practice of Medicine"), 3 had relapses. Out of 5 cases mentioned by Dr. Todd, 2 had relapses, and 1 lingered on without change for two weeks. Out of 6 cases narrated by Dr. Fuller, 2 relapsed. Out of 23 cases recorded by Dr. Whitley, which were treated by various physicians of Guy's Hospital, 9 had relapses (one of them two); and a 10th case seems to have had one, but the record is not explicit.

Dr. Basham records 65 cases of acute arthritic rheumatism, and of these 9 had relapses, some of them having had several. Judging from other circumstances, I should think it probable that these nine had become almost if not quite convalescent before that attack which was termed a relapse; if so, it is not unfair to assume that many more had relapses before recovering pretty completely from the first invasion.

Of course the secondary attacks varied much in severity, but they present instances of pericarditis, pleurisy, and irritis, either constituting or attending the relapse, and then occurring for the first time.

It is unnecessary to multiply proofs of the tendency to relapse which I have alleged to be characteristic of this complaint, since of 109 cases 25 relapsed—some several times. Here, then, is a feature which demands our most earnest attention, since its pernicious tendencies are bu inefficiently opposed by any recognized plan of treatment. How are we to meet this difficulty?

Rheumatism, whether acute or chronic, like its congener, gout, is more prone to wander in persons whose constitutions are enfeebled; and, as I have already pointed out, many of these patients have suffered from anæmia from a date long antecedent to their arthritic affection. Here, then, seems a plain indication for treatment: support and corroborants—meat, wine, steel, quinine, bark, and so on. The first case

which strongly enforced this view upon my mind was that of a girl whom I had charge of at the General Hospital some years ago. It was one of those cases in which the symptoms, though not *very* severe, were yet persistent, although migratory. She was evidently anæmic. One day, she asked for a glass of wine, and I gave it to her; the next day she was better, and I continued to give her two ounces of wine daily, and from that time she steadily convalesced.

Iron is a "strengthening" remedy, but as a rule it is not well borne by a pyrexial system, and it commonly checks secretion, so that it must be used cautiously in the rheumatic habit. When I was in Paris in 1851, M. Briquet, of the Charité, was engaged in making experiments and observations upon the administration of quinine in acute cases of this fever. He had not finished them when I left; but I had seen quite enough to convince me that it was no sheet-anchor when given from the first in all cases, and I had also seen enough to convince me that cases so treated would some of them get well almost by magic. A much older physician than M. Briquet —Dr. Haygarth, a man of celebrity in his time—was in the habit of treating all his cases from the first with bark. Here is an important fact. It is quite true, as Dr. Fuller points out, that published records of his cases indicate that bark is not a safe remedy when thus used; still the fact remains that Dr. Haygarth treated 121 cases with bark (more or less completely), and was at the end a most strenuous advocate of the plan.

When, then, my attention was first directed to the necessity of preventing relapses, quinine presented itself to my mind as promising to be an efficient agent.

Dr. Fuller uses quinine earlier than most other persons, and the few cases he has published seem to my mind indicative of its utility. His remarks upon it are as follows:—"In my own practice bark has never been given at such an early (from the third to the tenth day) period of the disease, nor have I often seen it so administered by others; but I have repeatedly watched its administration at a later period, while the tongue has still continued furred, and the pulse excited; and it has been so constantly followed by a fresh accession of mischief, that I have been deterred from making use of it until the urine has cleared or has dropped its sediment, the pulse has become soft, and the tongue moist and almost clean." Of quinine he says, it "is more readily and earlier tolerated; and as it is quite as efficient as bark, it should certainly have the preference when the *eruption of sudamina*, the character of the

pulse, or the *cleaning of the tongue*, appear to demand or admit of the exhibition of a tonic. It should be used as a corrective or restorative of the processes of assimilation when the febrile paroxysm is beginning to abate, rather than as a cure during the active stages of the disease."

If, however, we wait till the tongue is quite clean, or the urine normal, and the fever gone, or sudamina are developed, we shall wait in many cases till a relapse, affecting perhaps the pericardium or pleura, has occurred. Nor can we tell beforehand, with anything like certainty, in what cases this will or will not happen.

The plan which I have adopted for some time, then, has been to administer from two to four grains of quinine every three or four hours, *as soon as ever there is a distinct remission in the symptoms:* this happens, as I have said, in from twenty-four to seventy-two hours after the commencement of the treatment. At this period, however, the patient is far from convalescent. The joints, probably, are still painful and swollen, though less so than at first; the pulse perhaps is still quicker than natural, yet it has come down 10 or 15 beats; the tongue is moist and cleaner, though still perhaps loaded with fur.

But whilst I use the quinine in this way to prevent a relapse which occurs more or less decidedly in 25 out of 109 cases treated in the ordinary way, I cannot trust to it to eliminate the residue of the rheumatic poison in the body, nor to eliminate that small quantity which continues to be formed whilst the quinine is producing its effect, which latter seems to me to be antagonistic to the production of the rheumatic poison. I therefore, whilst giving the quinine every four hours, continue the use of the potash mixture night and morning; and I give of it one or two ounces, according to the fever, pain, and swelling still existing. On the same day that I begin the quinine or on the next, I allow the patient some meat, and, if he be evidently feeble, a glass or two of wine. The meat I do not press upon him, but if he desires to have it he has it.

When the rheumatism is quite gone, I generally employ steel, and usually in the form of iodide of iron, the iodine acting gently on the excretory organs, whilst the iron helps to restore the blood-globules, so often, as we have seen, deficient. If one or more joints seem to progress less rapidly than the others, it is useful to apply a small blister, as recommended by Dr. Todd; and during convalescence, if any remain, as they often do, stiff and perhaps a little swollen, I paint them

with that application common in most hospitals under the name of pigmentum iodinii. Having employed this plan for some years in both public and private practice, I can strongly recommend its adoption, and the more confidently since it has proved as efficacious in the hands of others as in my own.

TRICHINIASIS IN GERMANY.

In the original department of this number will be found an interesting account, by a correspondent, of the recently discovered disease produced by the presence of Trichinæ in the human system. The *British Medical Journal* for Jan. 16th, 1864, contains some additional details, which we transfer to our pages, as we are confident they will interest our readers.

"A few months ago, there was a festive celebration at Hettstadt, a small country town near the Hartz Mountains, in Germany. Upwards of one hundred persons sat down to an excellent dinner, and, having enjoyed themselves *more majorum*, separated, and went to their homes.

"Of these one hundred and three persons, mostly men in the prime of life, eighty-three are now in their graves; the majority of the twenty survivors linger with a fearful malady; and a few only walk apparently unscathed among the living, but in hourly fear of the outbreak of the disease which has carried away such numbers of their fellow-diners.

"They had all eaten of a poison at that festive board, the virulence of which far surpasses the reported effects of *aqua tophana*, or of the more tangible agents described in toxicological text-books. It was not a poison dug out of the earth, extracted from plants, or prepared in the laboratory of the chemist. It was not a poison administered by design or negligence. But it was a poison unknown to all concerned; and was eaten with the meat in which it was contained, and of which it formed a living constituent.

"When the festival at Hettstadt had been finally determined upon, and the dinner had been ordered at the hotel, the keeper of the tavern arranged his bill-of-fare. The introduction of the third course, it was settled, should consist, as usual in those parts of the country, of *Rostewurst und Gemuse*. The *Rostewurst* was, therefore, ordered at the butcher's the necessary number of days beforehand, in order to allow of its

being properly smoked. The butcher, on his part, went expressly to a neighboring proprietor, and bought one of two pigs from the steward, who had been commissioned with the transaction by his master. It appears, however, that the steward, unfortunately, sold the pig which the master had not intended to sell, as he did not deem it sufficiently fat, or well-conditioned. Thus the wrong pig was sold, carried on a barrow to the butcher, killed and worked up into sausages. The sausages were duly smoked and delivered at the hotel. There they were fried and served to the guests at the dinner-table.

"On the day after the festival, several persons who had participated in the dinner were attacked with irritation of the intestines, loss of appetite, great prostration, and fever. The number of persons attacked rapidly increased; and great alarm was excited in the first instance by the apprehension of an impending epidemic of typhus fever or continued fever, with which the symptoms observed showed great similarity. But when, in some of the cases treated by the same physician, the features of the illness began to indicate at first acute peritonitis, then pneumonia of a circumscribed character, next paralysis of the intercostal muscles and the muscles in front of the neck, the hypothesis of septic fever, though sustained in other cases had to be abandoned with respect to these particular cases. Some unknown poison was now assumed to be at the bottom of the outbreak; and an active inquiry into all the circumstances of the dinner was instituted. Every article of food and material was subjected to a most rigid examination, without any result in the first instance. But when the symptoms in some of the cases invaded the muscles of the leg, particularly the calves of some of the sufferers, the description which Zenker had given of a case of fatal trichinous disease was remembered. The remnants of sausage, and of pork employed in its manufacture, were examined with the microscope and found to be literally swarming with encapsuled trichinæ. From the suffering muscles of several of the victims small pieces were excised, and under the microscope found charged with embryonic trichinæ in all stages of development. It could not be doubted any longer, that as many of the one hundred and three as had partaken of *Rostewurst* had been infested with trichinous disease by eating of trichinous pork, the parasites of which had, at least in part, escaped the effects of smoking and frying.

"This awful catastrophe awakened sympathy and fear throughout the whole of Germany. Most of the leading phy-

sicians were consulted in the interest of the sufferers, and some visited the neighborhood where most of the afflicted patients remained. But none could bring relief or cure. With an obstinacy unsurpassed by any other infectious or parasitic disease, trichiniasis carried its victims to the grave. Many anthelmintics were arrayed to destroy, if not the worms already in the flesh, at least those yet remaining in the intestinal canal. Picric acid was employed until its use seemed as dangerous as the disease; benzole, which had promised well in experiments upon animals, was tried, but was unavailing. As case after case died off, and the dissection of each proved the parasites to have been quite unaffected by the agents employed, the conviction was impressed upon every mind that a man afflicted with flesh-worm is doomed to die the slow death of exhaustion from nervous irritation, fever, and loss of muscular power, in systems essential to existence.

"But medical science had only just unravelled a mystery; and if it could not save the victims, it was determined at least to turn the occasion to the next best account. The cases were, therefore, observed with care, and chronicled with skill. All the multifarious features of the parasitic disease were registered in such a manner, that there can hereafter be no difficulty in the diagnosis of this disorder. A valuable diagnostic feature was repeatedly observed—namely, the appearance of the flesh-worm under the thin mucous membrane on the lower side of the tongue. The natural history of trichina in man was found to be the same as that in animals.

"All observations led to the conviction that the trichina encapsuled in the flesh is in the condition of puberty. Brought into the stomach, the calcareous capsule is digested with the flesh, and the trichina is set free. It probably feeds upon the walls of the intestines themselves; for the irritation of the intestines begins before the bringing forth of young trichinæ has taken place. Copulation is immediately effected; and within a few hours, or a short portion of days, from sixty to eighty live embryos leave the female, and begin their own career of destruction.

"This consists, in the first instance, in an attempt to pierce the walls of the intestinal canal. Great inflammation of the entire surface ensues, ending not rarely in death of the villous or mucous membrane, or in the formation of masses of pus on its surface. Sometimes there are bloody stools. But these severe symptoms only ensue when much trichinous meat has been eaten. When less has been consumed, pain and uneasi-

ness in the abdomen are produced, accompanied, however, in all instances, by wasting fever and prostration. The embryos actually pierce the intestines, and are found free in the effusion, sometimes serous, sometimes purulent, which is always poured out into the abdominal cavity. Thence they again proceed towards the periphery of the body, pierce the peritoneum, causing great irritation, and sometimes peritonitis, to the extent of gluing the intestines together to a coherent mass. They next proceed to the muscles nearest to the abdomen; arrived at the elementary muscular fibres, which, under the microscope, appear as long cylinders with many transverse striæ, they pierce the membranes, enter the fibres, eat and destroy their striated contents, consume a great part of the granular detritus, moving up and down in the fibres until grown to the size necessary for passing into the quiescent state. They then roll up in spiral or other irregular windings, the bags of the muscular fibres collapse, and only where the trichinæ lie a calcareous mass is deposited, perhaps by the trichinæ themselves, which hardens into perfect capsules round the parasites. A muscular fibre may harbor one or several parasites; but every fibre invaded by a single parasite loses its character entirely, and becomes a bag of detritus from one end to the other.

"If it be remembered that one ounce of meat filled with trichinæ may form the stock from which, in a few days, three millions of worms may be bred; and that these worms will destroy in the course of a few weeks not less than two millions of striated muscular fibres—an idea of the extent of destruction produced by these parasites can be formed. We are not in a position to say to what proportion of the fifty or sixty pounds of muscle required for the performances of the human body these two millions of elementary fibres actually amount. In the muscles nearest to the abdomen, the destruction is sometimes so complete, that not a fibre free from parasites can be found. This amounts to complete paralysis. But death is not always produced by the paralysis; it is mostly the result of paralysis, peritonitis, and irritative fever combined. No case is known in which trichiniasis, after having declared itself, became arrested. All persons affected have either died, or are in such a state of prostration that their death is very probable.

"Most educated people in Germany have, in consequence of the Hettstadt tragedy, adopted the law of Moses, and avoid pork in any form. To some of the large pig-breeders in West-

phalia, who keep as many as two thousand pigs, the sinking of the price of pork has been a ruinous—at the least, a serious—loss. In the dining-rooms of the hotels in the neighborhood of Hettstadt, notices are hung up announcing that pork will not be served in any form in these establishments. To counteract this panic, the farmer's club of the Hettstadt district gave a dinner at which no other meat but pork was eaten. But it has had no appreciable effect. The raw ham and sausages of Germany are doomed to extinction. The smoked and fried sausages must necessarily be avoided. * * * *

"In the South of Germany, some people now say that the Hungarian pigs are most frequently affected with trichinæ. This rumor, like the famous pork dinner of the farmer's club, may, however, have been set up with the intention of quieting apprehension about the native pigs. We have already mentioned the accident which befell the crew of a merchant vessel. They shipped a pig at Valparaiso, and killed it a few days before their arrival at Hamburg. Most of the sailors ate of the pork in one form or another. Several were affected with trichinæ and died. Of those whose fate could be inquired into, one only seems to have escaped the parasites. Another outbreak in Saxony has carried away twelve persons. A fourth wholesale poisoning by trichinæ is just reported from Offenbach, the Birmingham of Hesse-Darmstadt. Of upwards of twenty persons infected, three had already died when our correspondent's letter left. Numerous sporadic cases of fever, and epidemics of inscrutable peculiarity, but referred to an anomalous type of fever, are now claimed by medical authors, and with much show of reason, to have been outbreaks of trichiniasis, or flesh-worm disease. Several German physicians experimentalized with a view of finding a cure for this terrible disorder. Professor Eckhardt, at Giessen, we are told, has obtained permission to try the disease and supposed remedies upon a murderer under sentence of death. We have not been told whether his reward in case of success is to be a commutation of his capital sentence; but should hope this to be the case. The experiment, even if it should not have the romantic character indicated, will probably teach some curious details of the life of these parasites. Almost everywhere, the commonest rules of cleanliness are disregarded in the rearing of pigs. Yet pigs are naturally clean animals, avoiding, like dogs and cats, all contact with ordure. Though they burrow in the earth, and in summer wallow in the mud, they abhor the heaps of excrements mixed with straw in and upon which

they are frequently kept. A due regard to cleanliness will prevent trichinæ in the pig. In wild boars, of which many are eaten in the country round the Hartz Mountains, trichina has never been found. Neither has it been met with in sheep, oxen, or horses. Beef is the safest of all descriptions of meat, as no parasites have ever been discovered in it. They have also never been found in the blood, brain, or heart, of those animals in whose striated muscles they love to reside."—*Am. Jour. of Med. Sciences.*

MALE FERN IN TAPE WORM.

Dr. Alexander Fleming gives the following as his result of his extensive therapeutical inquiries as to the usefulness or otherwise of the oil of male fern in tapeworm, and the best mode of exhibiting the drug. These inquiries embrace 100 cases.

Sex. Of these 100 cases, 30 were males, and 70 females.

The remarkable preponderance of the female sex among the subjects of tapeworm, here shown, and, as I believe, for the first time on numerical data, is full of interest in relation to the cause of the disease, and most deserving of further inquiry. The great majority of the cases embraced in this report are taken from hospital out-patients, among whom the women suffer frequently from dyspepsia, very much more so than do the men; and we can readily understand how the "measle" will have a higher chance of escaping death in a weak stomach, and subsequently making a home for itself in the bowels. As respects the diet itself, the risk run by men must be greater than that by women; as they eat a larger proportion of animal food, and, in Birmingham especially, of pork.

Our returns show that the male fern, as a remedy, is of equal efficacy in both sexes.

Age. The age of the patient is not mentioned in 8 of the cases. Of the remaining 92, the average age of all, in round numbers, is 29; of the females, 30; of the males, 28. The returns include cases of all ages except infancy, and prove that the oil of male fern is an efficient remedy as well in the child as in the adult. A child of 1 year and 11 months is the youngest, and a woman aged 69 the oldest example. The exclusive milk diet of infants, and consequent freedom from the cause of the parasite, explains their immunity from tapeworm.

The Duration of the Disease is not given in 33 cases. Of the remaining 67, it is stated to vary from a few days, as in 4 cases in Dr. Anderson's schedule, to 36 years, as in the example reported by Mr. Anderton. There are 11 cases whose duration varies from 6 weeks to 10 months; 16 are reported of one year's duration; 9 of 2 years; 4 of 5 years; 3 of 7 years; 3 of 10 years; 1 of 12 years; 1 of 14 years; 2 of 20 years; and 1 of 36 years. The returns show that the oil of male fern has been as efficient as a remedy in cases of long standing as in the more recent.

Previous Treatment. In 35 of the cases, it is stated that there was no previous treatment. Among the remedies which had been used in the others, kousso was employed twice—once with, and once without success. Turpentine had been given on fifteen occasions—seven times with, and eight times without success. The oil of male fern had been previously used five times—three times with, and twice without success. In one of those cases where it had failed, it was subsequently given in mixture with milk, in the mode which I have suggested, and with perfect success.

Dose, Time, and Mode of Administration. Dose. The medicine has been administered in doses of a few minims, of half a drachm, of one drachm, one and a half, and of two drachms. The returns show that one drachm is a sufficient dose; at least, in the great majority of cases. The larger doses more frequently excite sickness, vomiting and diarrhœa.

Time. In many of the cases, the oil was given in the morning; in a greater number, at bedtime. The results of the two methods, when compared together, do not show any material difference in success. I prefer to give the drug at bedtime, because the patient should continue to fast for eight or ten hours after taking it; and it is easier to do so during sleep than waking.

Mode. In 47 of the cases, the oil was given with milk, in the manner which I had myself suggested in the observations which accompanied the schedule. The following is the formula referred to:

"Mix well of oil of male fern one drachm, and mucilage half an ounce. The draught is mixed with one ounce and a half of sweet milk, and taken at bedtime; the patient having omitted the dinner and evening meal of that day. Taken thus, on an empty stomach, the mixture is speedily carried into the intestines, to feed, and at the same time poison, the hungry parasite which nestles there. Milk is the favorite food of the

worm. Next morning, a dose of castor oil may be given. If necessary, this medication may be repeated daily, one, two, and three times, or until the worm is discharged."

In the remaining cases, the drug was given without milk, in mucilage or some aromatic water. In nearly all these cases comprised in the returns, care was taken to give the remedy on an empty stomach. The two classes of cases, therefore, or those in which the male fern was given with milk, and those in which milk was not used, admit of a fair comparison; and of the higher efficiency of the first of these methods of exhibition the returns are conclusive. So given, the drug acts more quickly, and at the same time more efficiently. The proportion of failures is nearly the same with both methods; but the length of worm discharged, and, so far as we can judge, the thoroughness of the cure, predominate in those cases where milk was used.

Physiological Effects. Sometimes the medicine operates without pain or nausea; more often, there are sickness, griping pains, and purging. Vomiting is reported in ten of the cases. Dr. Bree observes that under its use, the urine was usually loaded with lithic acid. In one of Dr. Anderson's cases, the menses, which had been absent for several months, returned after the use of the oil. The vomiting and purging were caused frequently by the second dose, after the worm had been discharged; and must be ascribed to the action of the drug itself on the gastro-intestinal mucous membrane—not, as some have thought, to the dying struggles of the poisoned worm, though it may be that these play some part in their causation.

In five of the 100 cases, the worm was discharged alive. Except that it was expelled with unusual speed, I cannot trace any circumstances to account for the living state of the parasite in these examples.

The largest portion of tapeworm which is reported to have been passed, is fifteen yards. This was in Dr. Bennett's case. No mention is made of any other species of tapeworm than the tænia solium. Large round worms were discharged in two cases.

The worm was, for the most part, expelled after the first dose, but in a few cases not till after the second or third dose. The worm was often passed before any purgative was taken, and separately from the ordinary evacuation. In one instance recorded in Mr. Thompson's schedule, the worm was discharged upwards by vomiting. This was the case of a female aged 40,

who had suffered many years from tapeworm. She took one drachm of the oil of male fern in milk, according to my formula; and, in the course of an hour, vomited a very long tapeworm, which was quite dead. None passed by stool. After two days the draught was repeated, and she passed a large quantity of dead and broken tapeworm. The patient had previously taken various remedies without success. In Dr. Anderson's schedule, the case of a girl aged 18 is narrated, who became very sick after taking two drachms of the oil of male fern in milk, and vomited a large round worm. She was afterwards purged smartly, and passed a quantity of joints of tapeworm.

The average time which elapsed between the administration of the oil and the expulsion of the parasite was six hours. It was discharged in half an hour in seven cases, in one hour in nine cases, in two hours in six case, in three hours in three cases, in five hours in six cases. The longest interval mentioned is twenty-four hours.

In several of the cases the worm was passed in a broken and softened state. In these cases, a considerable interval had elapsed between the taking of the oil and the expulsion of the worm, the softened condition of which was probably due to a more or less complete digestion of the already poisoned and dead worm.

The head is reported to have been found in three cases (schedule of Mr. Spencer); but, in one of these, its discovery rests only on the authority of the patient. It is generally thought that the rarity with which the head is obtained is due to its not being killed and detached with the body; but it seems improbable that the poison should take more effect on the body than the head of the creature, and which it meets first in its passage downwards from the stomach. According to Dr. Nelson, the food is taken in chiefly by the head. I am more inclined to refer the rare discovery of the head to its solution in the digestive fluids. Thin and delicate, it must be easy of digestion. Moreover, placed higher up in the canal, it is in closer proximity to the more active solvent juices. The thin and translucent neck, though found more often than the head, is also generally absent; and probably for the like reason. I am disposed to refer relapses to the growth of other worms, which have escaped the poison, and not to the resprouting of the old head.

Duration of the Cure. Though relapses often occur, there is reason to believe that the cure is permanent in a large proportion of the cases. The length of time (one year) assigned to

his inquiry, and the difficulty of ascertaining the future history especially of hospital patients, render the returns in reference to this important point unavoidably of less value than we could desire. I may mention in this place, that Mr. Osborn in a note to his schedule, states that two cases of tapeworm are known to him, both females, of 38 and 17 years of age respectively, where the oil of male fern was used with success, and where the patients remained, to his knowledge, well for many years.

In concluding this report, it is only just to remember, in connection with our subject, the early labors of Peschier, of Geneva, and dating so far back as 1830, but which had been almost overlooked in England until Dr. Christison, in 1853, gave the sanction of his authority to the results of Peschier's trials. The later experiences of Drs. Gull, Jenner, Bennett, Willshire, Ransome, and others, have abundantly confirmed their observations, and, conjoined with the results of the present inquiry, establish beyond doubt the great efficacy of oil of male fern in tapeworm, and its superiority to the other known remedies of this disease. Further, our report points very decidedly to the most efficient mode of exhibiting the drug; and the whole inquiry has, as I have reason to know, rendered excellent service to therapeutics by making the virtues of the oil of male fern more widely known and employed through the profession.

It remains only for me to offer my best thanks to all the gentlemen who made returns to me, for their valuable aid in this inquiry.—*British Med. Journal*, Jan. 16, 1864.

VARICOSE VEINS.

Mr. Skey remarked (*Lancet*, Jan. 2, 1864), that the treatment of varicose veins involves two objects: "1st, the increase of power to these organs; and 2d, the turning the current of the venous circulation into healthier channels. The first is effected by the liberal administration of nutrio-stimulants. The second object has tested the inventive faculties of many surgeons. I leave it to others to commend the various schemes adopted by them. I discountenance, from long observation of its incompetency to cure, the employment of the needle, whether through the vein or under it, single or double. It

has these objections: 1st, it is not unattended with danger; and 2d, it fails to obliterate the vein, except at the point of its application, mainly because the applications cannot be safely made in numbers proportionate to that of the veins affected. I have at present, in St. Bartholomew's Hospital, a woman, under treatment for varicose veins in the leg, whose limb was jeopardized by the employment of the needle a year ago. A long illness, with severe inflammation and extensive abscesses followed. The same limb is again under treatment for the original disease. There is no danger in making any number of small eschars on the most projecting surfaces of varicose veins, if made with an escharotic composed of two-fifths of pure potash and three-fifths of powdered lime. This powder well combined, is made into a paste with alcohol. Whether other escharotics are dangerous in their operation on veins I do not stop to inquire; I only know that the Vienna paste, combined as I have above described it, is not. These eschars may be made in any number proportionate to the extent of the disease. I have treated perhaps 250 cases in the course of the last ten years, and I continue to treat them, by the same means. The paste is applied over the most projecting part of the vein in the following manner; through a series of about four layers of adhesive plaster, a circle is cut of the size of a threepenny-piece or smaller. The influence of the escharotic extends through the vein; and it is curious to observe that from the hour of its application the entire vein appears to be obliterated, and is undetectable to the finger on pressure. From ten to twenty-five eschars may be applied between the ankle and the knee. Twenty minutes suffice for the full operation of the escharotic, and an average of one month for the cure. In very weak constitutions the ulcers will heal very slowly, unless well-directed efforts be made to give force to the general system."—*Am. Jour. of Med. Sciences.*

THE GUTTA PERCHA TREE.

The tree called the Isonandra Gutta, which furnishes the gutta percha, is a native of the Indian Archipelago and the adjacent islands. A few years since this substance, now of such widely extended use, was totally unknown in Europe, for though from time immemorial the Malays employed it for

making the handles of their hatchets and creeses, it was only in the year 1843, that Mr. Montgomery, an English surgeon, having casually become acquainted with its valuable properties, sent an account of it, with samples, to the Royal Society, for which he received its gold medal. The fame of the new article spread rapidly throughout the world; science and speculation seized upon it with equal eagerness; it was immediately analyzed, studied, and tried in every possible way, so that it is now as well known and as extensively used as if it had been in our possession for centuries. The Isonandra Gutta is a large high tree, with a dense crown of rather small, dark-green leaves, and round smooth trunk. The white blossoms change into a sweet fruit, containing an oily substance fit for culinary use. The wood is soft, spongy, and contains longitudinal cavities filled with brown stripes of gutta percha. The original method of the Malays, for collecting the resin, consisted in felling the tree, which was then placed in a slanting position, so as to enable the exuding fluid to be collected in banana leaves. This barbarous proceeding, which, from the enormous demand which suddenly arose for the gutta, would soon have brought the rapidly rising trade to a suicidal end, fortunately became known before it was too late, and the resin is now gathered in the same manner as caoutchouc, by making incisions in the bark with a chopping-knife, collecting the thin white, milky fluid which exudes in large vessels, and allowing it to evaporate in the sun, or over the fire. The solid r sidnum which is the gutta percha of commerce, is finally softened in hot water, and pressed into the form of slabs or flat pieces, generally a foot broad, a foot and a half long, and three inches thick. Gutta percha has many properties in common with caoutchouc, being completely insoluble in water, tenacious but not elastic, and an extremely bad conductor of caloric and electricity. The uses of gutta percha are manifold. It serves for water-pipes, for vessels fit for the reception of alkaline or acid liquids which would corrode metal or wood, for surgical implements, for boxes, baskets, combs, and a variety of other articles.—*Hartwig's Tropical World.*

ON A NEW MODE OF APPLYING ATROPINE.

By JULIUS HOMBERGER, M. D.

In the last number of the first volume of this Journal I have alluded to the efficacy of applications of sulphate of atropine, in substance, into the eye, in all those cases which indicate otherwise repeated instillations. The use of solutions of atropine, as well as atropine ointment, and even Streatfield's atropine paper, will, I think, henceforth be limited to the dilatation of the pupil in ophthalmoscopic examinations I have since that time experimented with atropine on all my patients in the solid form only, and I must state that the results have been such as to justify the most enthusiastic recommendations. The dilatation of the pupil produced in eyes without disease of the iris, in cases of keratitis, wounds of the cornea, etc., etc., etc., lasts usually from four to five days. The quantity of atropine placed into the lower palpebral sac seems to have a decided influence on the duration of dilatation of the pupil. The following is an instance of this long action: By mistake, I had put atropine in the sound eye of a patient, who applied for treatment, and when, fifteen minutes later, I found the error, the pupil was considerably dilated. I applied the atropine to the diseased eye, and in order to neutralize the effects of atropine on the good one, I put a square of Calabar-bean paper in the latter. The pupil became smaller, after about twenty minutes; but the patient returned in the evening, with a pupil as large as before. I sacrificed, during the succeeding three days, eight squares of the Calabar-bean paper, which is, at the present moment, such a treasure in this country, as not to be freely dealt with, and the dilatation always returned, and had only entirely disappeared when I saw the patient on the seventh day. There is no doubt that the large quantity of atropine, taken endosmatically into the humors of the eye, was the cause of this remarkably long-lasting effect; and I suppose that the rapid dilatation of the pupil, by detachment of posterior synechies, which I obtained both in cases of chronic and acute iritis, with not more than one application daily, must be attributed more to the reception of the alkaloid into the humors and tissues, from where it exerted a continual action on the iris, than to the sudden effect of a high dose of the rem-

edy. That the active principles of the Calabar bean contract the pupil momentarily, may be easily explained. It may be supposed that the endosmotic process is more active, through the cornea than through the sclerotic, and that, therefore, the atropine contained in the aqueous humor is neutralized, and, after having received an overbalancing quantity of the active principles of Calabar bean, acts on the iris, while, after some time, the larger quantity of atropine, yet contained in the vitreous humor and the other tissues, neutralizes the Calabar bean, and again produces dilatation of the pupil. I have seen that, within two days, and with only one application of atropine daily, large adhesions of the iris were torn from the anterior capsula, sometimes leaving there intensely black spots, and effused lymph, the former of which derived their origin from the uveal surface of the iris. In one case of syphilitic iritis, two *nodi*, situated near the pupillar margin, and which had resisted the first applications of atropine, though the rest of the iris had been considerably retracted, were removed, about one line towards the periphery, on the fifth day. This is the more remarkable, as their size had not diminished during that period, and the inflammation was yet considerable.

It cannot be questioned that it is much easier to introduce a solid particle into the eye, than to introduce a square bit of paper; that the latter can sometimes not be removed without the aid of forceps; that the lids of iritic patients have, sometimes, to be kept open for a considerable time, while the paper is removed, in spite of the patient's sensitiveness to light; and that in a certain number of cases the patients complain of the slight irritation produced by the paper. While these little inconveniences do not appertain to the application of atropine in substance, which is rapidly dissolved, and felt only for a moment as a foreign body, I think, particularly, the circumstance hat it is possible to conveniently saturate the tissues and humors of the eye, with the remedy, will render this method also of greater therapeutic value.

It may be set down as a fundamental point in the treatment of iritis that the dangers of this disease, for vision, consist *merely in the formation of adhesions between the iris and anterior capsula.* During the acute stage of the disease, the adhesions threaten to glue the pupillary margin to the capsula. Either, if lymph is effused into the pupillary space, the eye becomes useless by closure of the pupil, after the acute symptoms have subsided, or the synechies become the points of origin of a chronic process, which very frequently leads to

a number of complicating changes in the choroid, ciliary body, and lens, almost certainly fatal to vision.

The danger of the formation of synechies is, therefore, of primary importance in the treatment of acute iritis; in fact, a case of this disease can only be considered as cured if no adhesions are left after the inflammation is gone. The first object of the oculist treating this malady must therefore be to dilate the pupil, at all hazards. To rely on the removal of adhesions by constitutional medication, and to be satisfied with a mercurial treatment, with instillations of atropine three, or four, or six times daily, would not be judicious, in my opinion. The application of the mydriatic *coup sur coup* is the source of considerable irritation to the eye, and, on the other hand, the resorption of the fluid with the tears, through the lachrymal canal, exposes the patient to the danger of poisoning, to the same extent, as the application of atropine in substance.

The method of treating iritis, which I would propose, consists in the introduction of the fortieth part of a grain of atropine, in substance, into the lower conjunctival sac, which can be easily done by placing the salt, with a probe, on the everted lower lid. The patient is kept for half an hour under observation. Dryness in the throat is a usual effect of the application of the drug, which soon passes away; only if further symptoms (congestion to the head, paralysis of the m. protrusor urinæ) should approach, it will be necessary to give to the patient, internally, one-sixth to one-third of a grain, or a subcutaneous injection of one-eighth to one-fourth of a grain of the sulphate of morphine. Though I have but twice been obliged to resort to these means of counteraction, I consider it necessary to have them always on hand.

It will be well to examine the patient some hours after the application. If the pupil has enlarged considerably, one application daily will soon bring about dilatation, and no further treatment will be necessary, particularly in cases of a non-specific nature. If the enlargement is noticeable, but of little extent, or if there is no change, another application is made with the same care, and the case re-examined the following day. On the second day, those cases which do not present a marked increase of the size of the pupil, are, according to the current rules, subjected to the action of mercury, to depletion, paracentesis of the anterior chamber, or Iridectomy. Those, on the contrary, where the pupil has become larger, are treated with atropine exclusively, and only those where marked constitutional syphilis exists, submitted to a mild mercurial

treatment. In this manner a number of patients, in whom it is not easy to determine whether the ocular disease be specific or not, escape the necessity of mercurial medication. I have sometimes found, in mild cases where syphilis existed, the pupil dilated on the second day, and the inflammation diminished: so that, for experiment's sake, I cured the disease locally, before I submitted the patient to an anti-syphilitic course of treatment. The application of atropine, in substance, may well, in my opinion, supersede all other modes of using this remedy. Their energy and permanence of effect are incontestable. They irritate the eye less than collyria, and the whole of the remedy used comes into action; their use is even more convenient than that of atropine paper, and the dangers which also exist when collyria are applied *coup sur coup*, do not fall heavy in the balance.—*Am. Jour. of Ophthalmology.*

EDITORIAL AND MISCELLANEOUS.

Etherization Followed by Death.—At the meeting of the Imperial Society of Medicine in Lyons, on July 20, M. Chassagny communicated the case of a lady, aged 40, to whom æther was administered previously to the removal of an urethral polypus and two sebaceous cystic tumors on the head. Thirty *grammes* of æther (rather less than an apothecary's ounce) were used; but the anæsthesia produced was incomplete, and the patient was aware that the operations were being performed. The administration of the anæsthetic was not pushed further, because the stage of excitement did not manifest itself, and because, on the contrary, general coldness and slowness of the pulse were present. On the completion of the operation, which occupied a quarter of an hour, vomiting set in; the coldness increased, and was accompanied by clammy sweats; and the patient had convulsions, attended with foaming at the mouth. The attack passed away in a few moments, but soon returned with equal intensity. After the fourth attack, the patient died. M. Chassagny considered that the patient had died of eclampsia induced by etherization, which was thus the indirect cause of death.—*Brit. Med. Jour.* from *Gaz. Med. de Lyon*, 16 October, 1863.

This accident occurred but a few days before our visit to the city of Lyons, and was then the topic of conversation in all circles. When it is remembered that the French seldom administer anæsthetics to produce complete loss of consciousness, that the agent is as carefully prepared there as in any part of the world, that patients to whom it is administered are usually selected with care,—and still that fatal results follow its use there as elsewhere, the profession may well pause, as they do at present, to enquire, whether any means may be adopted to obviate, if not absolutely, at least the frequent occurrence of these tragic results. Doubtless the danger depends in part upon the impurity of the specimen used, but quite as much depends upon the incautious and too rapid administration.

In our use of anæsthesia, which has been somewhat extensive and frequent, we have yet to meet the first alarming occurrence. We have believed that *rapid* introduction of the agent into the system would account for the dangerous symptoms that sometimes so suddenly and unexpectedly arise.

This case demonstrates also that the use of æther, like chloroform; is not unattended with danger, when care is not exercised in its administration.

The American Journal of Ophthalmology.—This Journal commences its second volume as a quarterly. It is edited by Julius Homberger, M. D., New York. It contains much that is of great interest to the general practitioner, while to the oculist, a publication like this, must be indispensable. We reproduce in our present issue the article on the application of Atropine, by the editor. We commend the Journal to the profession, especially to those who devote themselves to the treatment of Ophthalmic diseases.

McMunn's Elixir of Opium.—*Does it possess any superiority over other preparations of Opium?*—A correspondent in the *Philadelphia Med. and Surg. Reporter*, for February,

gives the original formulary for making this preparation, so much vaunted as containing all the good qualities of the drug without any of its deleterious properties. Based on the testimonial of J. R. Chilton, M. D., the advertisements in the leading Medical journals of the country, the prescriptions of eminent physicians, it has become exceedingly popular, yielding immense profits to the manufacturer.

In the *N. Y. Medical Independent*, Prof. Percy has demonstrated that the "Elixir is nothing more than a solution of impure morphia," and from careful observations, that it possesses no property giving it any superiority over other preparations of opium.

We feel obliged for these communications, as we have no doubt the profession will, for they prove what we have long believed to be the fact in regard to this preparation; in experimenting with it, where we expected less cerebral disturbance —or less nausea, or less constipation,—from a given anodyne effect, than would follow the use of the ordinary preparations of opium, all of which are claimed for it, we have uniformly been disappointed.

It might be an interesting inquiry, how members of the regular profession, in good standing, can justify themselves in recommending and prescribing this—a secret remedy, as many have done, which was foisted into notice in as objectionable a manner as many of the quack nostrums which load the shelves of the druggists throughout the country—while theoretically, they are so exceedingly sensitive about the least violation of the "Code." Medical men should desert their standard, "*Nec precc nec pretio.*"

ILLINOIS STATE MEDICAL SOCIETY.

The State Medical Society convened in its 12th annual session in the Common Council chamber in this city, May 3d, at 10 o'clock, A. M. In the absence of the President, Dr. A. H.

Luce, of Bloomington, 1st Vice President, called the meeting to order. Dr. N. S. Davis, Secretary.

The following members were present during the meeting:

Cook Co.—Drs. G. C. Paoli, R. C. Hamill, M. O. Heydock, E. L. Holmes, S. Wickersham, E. Andrews, Ira Hatch, De-Laskie Miller, Thos. Bevan, C. G. Smith, Ephraim Ingals, N. S. Davis, J. Adams Allen, W. H. Byford, R. N. Isham, J. H. Hollister, J. Bartlett, A. Fisher, J. S. Jewell, S. C. Blake, A. Groesbeck, H. M. Lyman, H. Wing.

Edgar Co.—Dr. J. M. Steele.

Kane Co.—Dr. D. W. Young.

LaSalle Co.—Dr. E. P. Cook.

McLean Co.—Drs. H. Noble, A. H. Luce.

Morgan Co.—Drs. D. Prince, R. E. McVey.

Iroquois Co.—Dr. L. F. Hewins.

Members by Invitation.—Drs. Mascom, of Iowa; S. H. Holden, U. S. A. The Treasurer's Report showed balance due printer for publishing Transactions for 1863, $53.

The following committee was appointed to nominate officers for the ensuing year, viz., Drs. R. C. Hamill, R. E. McVey: H. Noble, E. P. Cook, J. M. Steele, G. S. Whitmire, L. T. Harris, D. W. Young.

The annual assessment upon the members was fixed at $3.

On motion of Dr. Miller, the meeting adjourned to 2, P. M.

AFTERNOON SESSION.

The meeting was called to order by Dr. Luce, Vice President. The committee on nominations reported the following names for officers for the ensuing year:

President—A. H. Luce, M. D., of Bloomington.

1st Vice President—J. H. Steele, M. D., of Grandview.

2d Vice President—Thos. Bevan, M. D., of Chicago.

Treasurer—J. H. Hollister, M. D., of Chicago.

COMMITTEES: *Practical Medicine*—Drs. J. Adams Allen, Chairman, C. Goodbrake, H. Noble.

Drugs and Medicines—Drs. J. Bartlett, F. R. Payne, T. D. Fitch.

Obstetrics—Drs. W. H. Byford, L. Clark, S. F. Trowbridge.

Surgery—Drs. A. L. McArthur, D. W. Young, L. F. Hewins.

The committee also recommended Bloomington as the place for holding the next meeting of the Society. On motion, the report was adopted, and the officers named declared duly elected. A letter was read from Dr. A. McFarland, President, regretting his unavoidable absence.

Dr. R. E. McVey read an interesting paper on Cerebro-Spinal Meningitis. Dr. J. Adams Allen read a portion of an able and interesting paper on the same subject. Dr. J. S. Whitmire made a verbal report of three cases occurring in his practice.

The Chairman of the committee on Surgery read an abstract of their annual report. Referred to the Publishing committee.

Dr. E. L. Holmes read an elaborate report on the Diseases of the Eye, which was accepted, and referred to the Publishing committee. On motion, the Society adjourned to 9½ o'clk., Wednesday morning.

SECOND DAY—WEDNESDAY, MAY 4th.

The Society met pursuant to adjournment, the President in the chair. Minutes of the preceding day read and approved.

Drs. N, F. Burdick and Joseph Tefft, of Elgin, were elected members of the Society.

Dr. Miller, of Chicago, Chairman of the committee on Obstetrics, presented a report, which was accepted, and referred to the Publishing committee.

Dr. Prince, of Jacksonville, presented a report on Orthopœdic Surgery, which was accepted, and referred to Publishing committee. The meeting adjourned to 2 o'clock, P. M.

AFTERNOON SESSION.

Dr. J. A. Allen read the remaining portion of his paper on Cerebro-Spinal Meningitis, which was received and referred to the Publishing committee.

The Society then adjourned to 9½ o'clock, Thursday morning, and devoted the remaining portion of the day to visiting Rush Medical College, and the Marine Hospital.

THIRD DAY—THURSDAY, MAY 5th.

Society called to order by Dr. A. H. Luce, President. Minutes of previous meeting read and approved.

The names of James H. O'Kelley, William R. Fox, and Matthew J. Johnson were read as members.

The committee on Nominations submitted the following as *Committee of Arrangements*—Drs. O. F. Worrell, S. W. Noble, J. D. Rogers.

Assistant Secretary—Dr. R. C. Parke.

Special Committee on Ophthalmy—Drs. E. L. Holmes, R. E. McVey, J. S. Whitmire.

Special Committee on Orthopædic Surgery—Dr. D. Prince.

Special Committee on Spotted Fever—Dr. J. S. Jewell.

The report was adopted.

Drs. Bartlett, McFarland, and Wing, were appointed a committee to consider in what respects, the pecuniary interests of the Medical Profession suffer from unfavorable or deficient legislation; also to petition the Legislature in behalf of this Society, for such legislation as they may deem necessary and proper.

Appropriate resolutions on the death of Dr. Shubal York, of Paris, Edgar county, were adopted.

Dr. Young, of Aurora, offered the following, which was adopted:

Resolved, That the present pay and rank of Surgeons and Assistant Surgeons in the army is inadequate to compensate them for the services required of and performed by them, and

Resolved, That the members of this Association ought to make every possible exertion, through the National Medical Association, and our Senators and Representatives in Congress, to have our Medical brethren in the field receive at least a reasonable compensation for their services and sacrifices, while they are braving the dangers of camps, and caring for the soldiers of our country.

Dr. Wing, of Chicago, offered the following, which was adopted:

Resolved, That the profession is the proper judge of the qualifications of its members.

Resolved, That the interests of the profession will be promoted by having new members admitted on the judgment of the profession itself, and that, therefore,

Resolved, That the committee appointed under resolution to memorialize the State Legislature be instructed also to ask that the Society be authorized by law to grant certificates of qualification, on proper examination, to under graduates.

Dr. Davis made the annual report of the committee on Practical Medicine, which was referred to the Publishing committee.

Drs. G. B. Lester, and F. A. Emmons were elected members.

A vote of thanks to the Officers of the Society, and to the Common Council of the city of Chicago, was then adopted.

The following named gentlemen were selected as delegates to the ensuing meeting of the American Medical Association, viz., Drs. N. Wright, D. Prince, R. E. McVey, H. Noble, N. S. Davis, D. W. Young, J. M. Steele, J. Woodworth, J. Bartlett, J. S. Jewell, Lucius Clark, R. C. Hamill, N. Bottom, A. L. McArthur, E. P. Cook, T. D. Fitch, S. W. Noble, C. Goodbrake.

The Society then adjourned *sine die*.

BOOK NOTICES AND REVIEWS.

Transactions of the American Medical Association. Vol. 14, 1863.—The volume before us is about one-half the size of those that have preserved the transactions of former meetings of the Association. It contains the well-conceived and happily-written address of the acting President, Dr. Wilson Jewell, devoted to the consideration of the important question of public hygiene. In the report on Medical Education we are told that "the advancement in Medical Science and the increased value of its practical results are no longer debatable

problems. To the sublime art of Medicine, as at present understood and practiced, humanity owes much of the physical welfare it now enjoys; as well as the diminished severity of disease and its control by intelligent and judicious treatment." In support of this it quotes as follows from Macaulay: "Every bricklayer who falls from a scaffold, every sweeper of a crossing who is run over by a carriage, now may have his wounds dressed and his limbs set with a skill, such as one hundred and sixty years ago, all the wealth of a great lord, like Ormond, or a merchant prince, like Clayton, could not have purchased. Some frightful diseases have been exterminated by science, and some have been banished by police. The term of human life has been lengthened over the whole kingdom, and especially in the towns. The year 1685 was not accounted sickly, yet in the year 1685 more than one in three of the inhabitants of the capital died. At present only one inhabitant of the capital in forty dies annually. The difference in salubrity between the London of the 19th century and the London of the 17th century is very far greater than the difference between London in an ordinary season and London in the cholera."

Yet the report goes on to say that "the profession nowhere has answered the full expectation of its early promise. It does not hold the proud position, especially in this country, to which, as the guardian of truth, it is really entitled." This deplorable condition of affairs is attributed, in the report, to two causes. First, to the "private practitioner, who enters the pupil upon the office register without inquiring of, or caring for his educational fitness for a calling which demands the highest order of intellect, and the most various study and acquirement. He is often destitute of the moral independence or conscience, or both, to reject an applicant he has reason to regard as unfit for the pursuit he has espoused." Second, "the professors of colleges, who graduate, annually, large classes of young men in the cities, who, it is not too much to affirm, are, for the most part, poorly furnished for the responsible duties awaiting them in the future. Each roll of parchment indorses

its possessor as *vir ornatissimus*, and he goes forth an accredited agent—for life or death, endowed with all the paraphernalia of a Doctor of Medicine, but destitute of the brains." One would think this committee had forgotten that the multitude of worthy medical men who have crowned the profession with honor in times past, or who bless the present generation by their intelligent and humane labors, have found their way into the profession through the office instruction of these same "private practitioners," who are so severely censured, and have been publicly taught by "professors in colleges," who we are told, "annually graduate large classes of young men, destitute of brains." However, we may expect no more of this in future, for the committee have suggested the remedy: "Every physician who shall admit a young man into his office for instruction, without a certificate of suitable preliminary education," is to do so at the peril of being deemed "unprofessional, and liable of censure by, or expulsion from, any State or County Society to which he may belong." The entire system of college instruction is to be reformed. The number of professors is to be increased, and their appointment is to come from a Boárd of Regents, "a certain portion of whom should be medical men," the faculty of the college having no precedence in the nomination of candidates, or any influence, other than outsiders, in their selection. The custom of choosing the professors without regard to the wishes of the Faculty, and paying them from the public treasury, adopted in Europe, to insure as far as may be, a servile dependence of these institutions on the Government, from which they receive their support, is spoken of in terms that imply approbation.

There are to be not less than three courses of lectures of six months each, "and beyond this, a corps of teachers should be organized in connection with the Faculty, to direct the studies of pupils during the recess of lectures." As every one knows the impossibility of keeping a class of medical students together after the close of the regular term of instruction, we are

left to suppose that the duties of this "organization" are to be of an itinerary nature. The system of medical instruction pursued in Europe, appears to be the beau ideal of the committee, and we are informed that in "Edinburgh five years is the term of study, six months of each year, being passed in the University. In Paris, the number of professors is twenty-eight, besides assistant and adjunct professors, the course of instruction being embraced in eighteen courses of lectures, two a year. In Berlin, the number of professors and assistant professors is sixty-seven." Yet the example of Europe does not seem to us to offer much encouragement for the adoption of the views recommended in the report, for notwithstanding the great difficulty of obtaining a place in the profession there, we have no reason to suppose that the profession in Europe is more intelligent than it is in America, or that they treat disease more skillfully there than here.

The report pays a very high, and, as we think, merited compliment to Surgeon-General Hammond, to whom it says, "is due the credit of having inaugurated many wholesome reforms and stimulated a spirit of improvement unexcelled in its former history."

We think the report, taken as a whole, does the profession great injustice, and to speak of it as disparagingly as the report does, is as ungenerous as it is unjust, and such expression deliberately made and embodied in an authoritative announcement, which is adopted by a congress of medical men, might be expected to exert no small influence in robbing the profession of the "proud position to which it is entitled." The profession is not held, and does not deserve to be held, in light esteem in this country. It is as much honored and exerts as much and as beneficent an influence on the best interests of society as either of the kindred professions of Law, or Theology. A profession that has virtually exterminated small-pox, that has given us anæsthetics, that has enabled us to abridge the course, palliate the pain, greatly to curtail the mortality, or even by hygienic precautions, often entirely to escape from

the great majority of diseases, that has, in a notable degree, lessened the perils of labor, and perfected the treatment of injuries, and in short been more potent than any single cause, in "lengthening the term of human life," should not be spoken of by any intelligent man, but least of all, by any member of the medical profession, in terms of disrespect. None will deny that there are incompetent and bad men in the profession. To do so would be to claim for it an exemption to which no profession nor class of society can pretend. But while this is true, it is equally true that the medical profession was never before more worthy of honor, and has never been as much enlightened, or as useful in its labors as it is to-day.

It has fully kept pace with the march of society, and has lent to the general advancement of the best interests of the race, a power not surpassed by any equal number of men in any vocation. The prime necessity for the advancement of society is found in the increase of its numbers, and none have exerted so great an influence in this respect as the medical profession, which has so greatly reduced the annual mortality of the race. The profession will undoubtedly continue to improve, in common with other branches of society, as man, by increased knowledge and virtue, shall acquire thereby increased control over the forces of nature. But this increase will not be the result of violent and radical changes. There was never yet a successful revolution that was not the fruit of a slow growth, and those who expect to reach perfection through violence, are a class of visionary men, who waste their lives in a vain attempt at the realization of Utopian dreams.

The transactions also contain the report of the committee on Medical Literature—a paper on Diatheses, their Surgical relations and effects, by Prof. E. Andrews—one on the American Method of Treating Joint Diseases and Deformities, by Henry G. Davis, M. D.—the Report of a case of Diarrhœa Adiposa, by John H. Griscom, M. D.—Report on American Medical Necrology, by Dr. Christopher C. Cox—A paper on Laryngoscopal Therapy, or the Medication of the Larynx

under Sight, by Louis Elsberg, M. D.—An Essay on the Veratrum Viride, for which the Association awarded the annual prize, is by Prof. Samuel R. Percy. It is very ample, and we have neither time nor space to notice it at present.

The People's Dental Journal.—Edited by Drs. W. W. Allport, A. Hill, and J. Richardson. Quarterly. Price $1,00 a year. Chicago.

The initial number of the second volume of this candidate for popular favor comes to us improved in appearance. It contains much valuable information for the people in regard to "keeping the mouth in a healthy and working condition." It is commended by the leading Dental Journals; and we therefore recommend it to the attention of those having an interest in the subject, and who has not?

The Alleged Case of Poisoning by a Medical Man in Paris.—We mentioned a short time since that a homœopath, of Paris, had been taken into custody upon the charge of poisoning a lady, whose life was insured in his favor for £22,000. The case, according to French law, is being investigated by the Judge specially entrusted with the preliminary steps in the trial (juge d'instruction), the prisoner being all the while under close arrest. It would appear that these investigations have led to disclosures which throw additional suspicions upon the prisoner respecting the death of his mother-in-law, which took place two years ago. A great many witnesses have been examined, and careful analysis made by medical men, upon the directions of the judge. The investigation is not yet concluded. The prisoner does not seem much affected by his incarceration and the impending trial. Nay, his activity, vivacity, and petulence seem on the increase, as he is very busy with a lengthy correspondence and satirical writings, in which the persons principally engaged in the investigation are very roughly handled.